PLEASE TYPE OR PRINT Entered prev	rious May Show
□ √es	M node
Ms. Daniel A	Dank Jan
Mr. Artist JOMIE J. DIA	10010, 7
Permanent 1419 Fairchild ((Last Name Last)
44106 Street Tel. (2)61791-504	3 City
Zip Area Code	
Temporary or Studio Address fair Child	levelane
Ush Le C	City
4º106 Tel. (216) 791-501	15
Zip Area Code	
If you do not presently live in one of the cour	nties of the
Western Reserve, in which county were you b	orn?
Collaborator	
If May Show entries are not accepted or not so	
Artist will pick up at Museum.	201-346
Museum should dispose of.	
Museum should ship to artist at artist's ex to this address:	pense
to this address.	
1230	
Special Instructions	
When necessary include below instructions or	
how the object is to be assembled and display	ed.
This entry blank must be fully made out and	signed Unsigned

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

DO NOT DETACH